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Date: May 2, 2005

To: Commissioner for Patents

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Our File # 141629.00004-P1220US00

Attorney #

0355

Appln. # 10/626,435

Total Pages (Including This Page): 19**Please notify sender at (404) 572-6600 (ext. 5712) if all pages are not received properly****Second Amendment and Response: 19 pages**

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/626,435	RECEIVED CENTRAL FAX CENTER MAY 02 2005
	Filing Date	July 22, 2003	
	First Named Inventor	Gerald R. Noone	
	Art Unit	3727	
	Examiner Name	Gary E. Elkins	
Total Number of Pages in This Submission	19	Attorney Docket Number	141628.00004-P1220US00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Charles L. Warner II Reg. No.: 32,320	
Signature	<i>Charles L. Warner</i>	
Date	May 2, 2005	

CERTIFICATE OF TRANSMISSION/MAILING			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Gerald R. Noone

Appl. No.: 10/626,435

Filed: July 22, 2003

For: INTERLOCKING STACKABLE
BOX

Confirmation No.: 9624

Examiner: Elkins, Gary E.

Art Unit: 3727

Customer ID 25207

Attorney Docket No.: 141629.00004-P1220US00

SECOND AMENDMENT AND RESPONSECommissioner for Patents
P.O. Box 1450-
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed March 1, 2005, please amend the above-identified patent application as follows and consider the appended remarks:

1. Amendments to the Claims are reflected in the listing of claims on page 2 of this paper.
2. Remarks/Arguments begin on page 16 of this paper.